Geraldton District Hospital



Annual Accessibility Plan

# September 2016 – September 2017

A copy of this plan is available upon request

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Director of Clinical Services

807-854-4206**Table of Contents**

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**Executive Summary**

The purpose of the Ontarians with Disabilities Act, 2001 (ODA) was to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province.

The Accessibility for Ontarians with Disability Act (AODA), 2005 received Royal Accent on June 13, 2005. The purpose of this Act is to ensure that people with disabilities have the same kind of opportunities as everyone else. Businesses and organizations that provide goods and services to people in Ontario have to meet certain accessibility standards in five important areas: customer service, transportation, information & communication, built environment and employment.

The Accessibility Standards for Customer Service, Ontario Regulation 429/07 was the first accessibility standard created under the AODA. This regulation became law in January 2008 and Hospitals had to comply with the regulation effective January 1, 2010.

The Accessibility Standards for Employment took effect on July 1, 2010. The standard includes 7 sets of measures that employers had to comply with by January 1, 2016.

The Integrated Accessibility Standards Regulation, Ontario Regulation 191/11, became law on June 3, 2011. It covers accessibility standards in information and communications, employment, and transportation. There is a phased-in approach to compliance, with deadline dates for each standard ranging from January 1, 2012 and January 1, 2021.

The September 2016 – September 2017 Accessibility Plan describes the measures that the Hospital has taken in the past and the measures that will be taken in the current year to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of the Geraldton District Hospital, including patients/residents and their families, staff, health care providers, volunteers and members of the community.

Geraldton District Hospital is committed to treating all people in a way that allows them to maintain their dignity and independence. We believe in integration and equal opportunity. We are committed to meeting the needs of people with disabilities in a timely manner, and will do so by preventing and removing barriers to accessibility and meeting accessibility requirements under the Accessibility for Ontarians with Disabilities Act.

The Accessibility Planning Committee is dedicated to continually improve accessibility for people with disabilities.

**1. Aim**

This plan describes the measures that the Geraldton District Hospital has taken in the past and the measures that will be taken during the period of September 2016 – September 2017 to make our facility and services accessible to people with disabilities.

**2.** **Objectives**

* Describe the process by which the Geraldton District Hospital will identify, remove and prevent barriers to people with disabilities.
* Review the progress and efforts at the Geraldton District Hospital to remove and prevent barriers to people with disabilities identified over the past year(s).
* Maintain a record of past measures taken to remove and prevent barriers to people with disabilities.
* Describe the measures the Hospital will take in the coming year to identify, remove and prevent barriers to people with disabilities.
* Ensure that the Annual Accessibility Plan is available to the public for their review and comments.

**3. Description of the Geraldton District Hospital**

The Geraldton District Hospital is a 49-bed community-based acute care facility, which includes 23 acute care beds, 7 complex continuing care beds, 19 extended care beds and a 24-hour emergency service. The Hospital also administers the operation of the Medical Clinic in Nakina and maintains the Northern Horizon Health Centre building.

The Hospital serves the Municipality of Greenstone (Geraldton, Longlac, Nakina, Jellicoe, Caramat, Beardmore) and the First Nations communities of Aroland, Long Lake 58, Ginoogaming and Marten Falls. The Hospital serves a catchment area of approximately 7,000 residents, including a large First Nations and Francophone population.

**Mission Statement**

Community-based, culturally sensitive, quality care

**Vision Statement**

Coordinated quality healthcare through established working linkages and partnerships

**Values Statement**

To provide safe client-centered multi-disciplinary quality care

To respect the dignity and diversity of our clients and human resources

To practice continuous quality improvement

To provide a safe, healthy and accessible environment for clients, staff, volunteers and visitors

To be legally, ethically, fiscally and environmentally accountable

To learn and to evolve

**4. Accessibility Planning Committee**

A member of Senior Management is responsible for the development and review of the Geraldton District Hospital annual accessibility plan.

The Accessibility Planning Committee has representation from a diverse cross-section of staff and individuals from the community, including people with disabilities. The committee includes the following members or their alternates:

Sylvie Duranceau Director of Clinical Services

Geraldton District Hospital

Mohammad AlMudallal Occupational Therapist

Rehabilitation Department

Geraldton District Hospital

Keri Cloutier Long-Term Care Nurse Manager

Geraldton District Hospital

Greg Olsen Support Services Manager

Geraldton District Hospital

Vacant Community member-representing people with disabilities

Community

Sharon Groeneveld Support Services Supervisor

Superior Greenstone Association for Community Living

Katrina Edey Occupational Health/Infection Control Manager

Geraldton District Hospital

**5. Hospital Commitment to Accessibility Planning**

The Board of Directors endorsed the following Accessibility Planning Policy at the September 2, 2003 meeting:

The Geraldton District Hospital Board is committed to:

* The continued improvement of access to facilities, policies, programs, practices and services for patients/residents and their families, staff, health care providers, volunteers and members of the community;
* The participation of people with disabilities in the development and review of its annual plans;
* Ensuring hospital by-laws and policies are consistent with the principles of accessibility; and
* The establishment of an Accessibility Planning Committee at the Hospital.

**6. Barrier-Removal Initiatives**

Previous accessibility improvements are itemized in Appendix A.

**7. Barrier-Identification Methodologies**

* Managers are asked to discuss the identification of barriers and ways to remove them with their staff and provide the information to the Committee.
* Utilize information from incident reports.
* Utilize information from correspondence/complaints from patients, staff and the public.
* Feedback from the accessibility question on the comment cards.
* Information obtained from the Joint Health & Safety Committee inspections.
* Accessibility audits.

**8. Barriers Identified**

Previously identified barriers that have been removed are listed in Appendix B. The following is a summary of barriers identified through current and previous planning and the progress to date.

|  |  |  |
| --- | --- | --- |
| **Description of Barrier** | **Strategy for prevention/removal** | **Status** |
| Emergency hallway doors are difficult to manage. **2003/04** | Consider installing a power-operated system in future renovation. Doors are open during the day. | Addressed |
| Accumulation of ice/snow on walkways and at entrances. **2003/04** | Maintenance of walkways and entrances will minimize ice/snow accumulation. | Ongoing |
| Potholes and ice build-up in the parking lots. **2003/04** | Parking lot maintenance will minimize potholes and ice build-up. | Ongoing |
| Staff entrance door is not wheelchair accessible. **2003/04** | Consider installing a power-operated system. ER & Main entrance are wheelchair accessible | Addressed |
| Long-Term Care double (French) doors are not power-operated and difficult to operate. **2003/04** | Installation of a power-operated system would remove this barrier however it may pose a safety issue for cognitively impaired residents. To be considered in future renovation | Decision made not to pursue automation until we have a secure area within the unit |
| Door handles in the building are not all lever type. **2003/04** | Will be considered as we replace door handles. | Ongoing |
| Public washroom on the upper floor is difficult to access. **2003/04** | Will be considered in future renovation to area. ER washroom is accessible. Visitors can use pt washrooms on acute care & LTC when needed. | Addressed |
| Acute Care patient rooms are too small. **2003/04** | Will be considered in future renovation to area. There are 2 larger rooms that can be used when required. | Addressed |
| LTC residents’ washroom cannot accommodate a wheelchair and two staff for transfers. **2003/04** | Residents requiring two staff transfers utilize a larger washroom or are transferred in the room. | Addressed |
| Lack of knowledge, understanding, and sensitivity towards people with disabilities. **2003/04** | Provide regular education sessions and information to all staff. | Ongoing |
| Lack of accommodation for people who are blind or have visual impairments. **2003/04** | Investigate options available to improve access for people who have visual impairments. Visual warning strips installed in public stairwell. | Ongoing |
| Main lab door is difficult to manage for clients in wheelchair. **2006/08** | Consider automated doors in future renovation. Installed a closure with delay to enable to door to stay open longer. Staff will provide assistance. | Addressed |
| **Description of Barrier** | **Strategy for prevention/removal** | **Status** |
| Doors in the hallway of the Northern Horizon Health Centre are difficult to manage for clients in wheelchair. **2006/08** | Consider automated doors in future renovation. |  |
| No accessibility specific feedback survey. **2009/10** | Develop an accessibility specific survey. Currently using information from comment cards, incident reports and complaints. | Addressed |
| Televisions in public areas do not have closed caption on. **2009/10** | Turn on closed caption option on all public TVs. |  |
| Administration door is difficult to manage and reception desk is too high. **2009/10** | Consider leaving the door open during operating hours and lowering a section of counter. |  |
| No ramp available in rehab/admin courtyard for emergency exit. **2009/10** | Build a ramp to improve access. Portable ramps are available and there are 2 other doors in area. | Addressed |
| GFHT staff washroom (also used by clients) is not wheelchair friendly. **2009-2010** | Encourage clients to use the wheelchair accessible washroom in the building. | Addressed |
| Washrooms in Acute Care rooms are too small to serve 4 patients. **2010/11** | Being considered in future renovation, in planning stage. Patients can utilize the common washrooms on the unit. | Addressed |
| Sinks in Acute Care rooms are difficult to access for patients in wheelchairs. **2010/11** | To be considered in future renovation. |  |
| ER public telephone is located higher than 48” making it difficult to access for people in wheelchairs. **2010/11** | Staff will offer assistance as required. Lowering the phone may be a choking risk for young children. | Addressed |
| No bariatric bed on Acute Care. **2010/11** | Larger bed would make it difficult to provide care due to size of room. |  |
| No signage in ER to indicate department location. **2011/12** | Reception staff always available at reception. | Addressed |
| ER wheelchair accessible washroom does not have an automated door. **2012/13** | Consider in future renovation. |  |
| ER wheelchair accessible washroom toilet located close to left wall making it difficult for people who have a weak left side. **2012/13** | Consider in future renovation. |  |
| Lack of raised toilets in the hospital. **2012/13** | Change toilet height in future renovation. | Ongoing |
| Lack of lifts to transfer residents/patients. **2012/13** | Request through capital budget process. 2 overhead lifts are purchased annually. | Ongoing |
| ER stretchers are high which makes it difficult to transfers between wheelchair and stretcher. **2012/13** | Stretchers have standard lower height. Stool is available to assist patients. | Addressed |
| Some paper dispensers are difficult to access and can lead to infection control issues. **2012/13** | Evaluated different dispensers such as hands-free. |  |
| **Description of Barrier** | **Strategy for prevention/removal** | **Status** |
| Washroom close to telemedicine area is not wheelchair accessible. **2013/14** | Consider in future renovation. Clients can utilize the main public washroom. | Addressed |
| Over bed lights on acute care are difficult to access. **2013/14** | Evaluate ways to improve access. |  |
| Accessible ER parking area gets soft or accumulates water/snow and makes it difficult to use a wheelchair.  **2013/14** | Consider paving the area. Plans to relocate ER will address this issue. |  |
| Wheelchairs in ER entrance interfere with access to the automated door opener button. **2014/15** | Keep wheelchairs collapse. Consider different storage options. |  |
| LTC entrance French doors are very heavy making them difficult to manage. **2015/16** | Consider options for easier access while maintaining a secure environment for the residents. |  |
| Direction from main entrance to telemedicine is not available. **2015/16** | Extend moose print from main entrance to join prints at the elevator. |  |
| Echo in small telemedicine room is a communication barrier for hearing impaired clients. **2015/16** | Evaluate options to minimized echo such as sound reduction posters. Staff available to assist. |  |
| Size of the Telemedicine signs may be difficult to see for visually impaired clients. **2015/16** | Consider obtaining larger signs. |  |
| Acute Care washroom door width prevents access for patients with a walker/wheelchair. **2015/16** | Consider locating patients who use a walker/wheelchair in a room with a larger bathroom. Update bathroom to current standards in future renovations. |  |
| Acute Care bathroom lack grab bars on both sides. **2015/16** | Evaluate if some bathrooms can accommodate an additional grab bar. Consider in future in future renovations. |  |
| Lift in current Acute Care bathroom does not accommodate bariatric patients. **2015/16** | Consider installing a walk-in tub. |  |
| ER waiting room is not easily accessible for patients in wheelchairs. **2015/16** | Consider in future renovations. |  |
| ER entrance is not covered. **2015/16** | Consider in future renovations. |  |
| Lack of doorbell outside the gazebo entrance. **2016/17** | Purchase and install a door bell. |  |
| Laundry department (dirty side) door handle is difficult to operate, not lever type. **2016/17** | Request to have a new lever type handle installed. |  |
| Key pads to LTC entrances are small making them difficult to see/use. **2016/17** | Consider options for larger key pads with braille. |  |
| **Description of Barrier** | **Strategy for prevention/removal** | **Status** |
| Garbage storage room door does not have a swipe card access. **2016/17** | Consider in future renovations. |  |
| TV lounge on LTC is too small to accommodate residents in wheelchairs. **2016/17** | Consider removing half walls to create easier access and more space. |  |
| Sidewalk lock stones are uneven creating a barrier and a risk of fall. **2016/17** | Consider replacing/leveling areas. |  |

**9. Barriers that will be addressed in September 2016 – September 2017**

The Accessibility Planning Committee recommended that the following barriers be addressed during the September 2016 – September 2017 period.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Barrier** | **Strategy to remove/prevent** | **Timing** | **Resources** | **Responsibility** |
| Direction from main entrance to telemedicine is not available. | Extend moose print from main entrance to join prints at the elevator. | Winter 2017 | $0 | Occupational Health/Infection Control Manager |
| Size of the Telemedicine signs may be difficult to see for visually impaired clients. | Consider obtaining larger signs. | Winter 2017 | $200 | Occupational Health/Infection Control Manager |
| Main lab door is not automated. | Install power automated door. | Summer 2017 | $4000 | Support Services Manager |
| Door handles in the building are not all lever type. | Replace door handles in key locations accessed by the public.  Laundry department-dirty side entrance. | Summer 2017 | $2000 | Support Services Manager |
| Lack of lifts to transfer residents / patients. | Request through capital budget process. Consider 2 units/yr. | Summer 2017 | $10,000 | LTC Nurse Manager/CNO |
| Lack of doorbell outside the gazebo entrance. | Purchase and install a door bell. | Summer 2017 | $3000 | Support Services Manager |
| Echo in small telemedicine room is a communication barrier for hearing impaired clients. | Purchase and install wall posters to minimized echo. | Summer 2017 | $700 | Occupational Health/Infection Control Manager |

**10. Review and Monitoring Process**

The Accessibility Planning Committee will meet a minimum of two times per year to monitor and review progress. Guests will be invited to attend specific meeting to discuss implementation status.

**11. Communication of the Plan**

The Hospital’s Accessibility Plan will be distributed to all managers, posted in the accessibility folder on the common drive and available in all departments. The Plan will also be posted on the Hospital website. A notice will be placed in the local newspaper to inform the public of the availability of the Plan and the contact person.

Upon request, the Plan will be made available in alternative format.

**APPENDIX A - Accessibility Improvement List**

* In **2001** renovations to the Long-Term Care dining room improved access to the fridge and cupboards for residents with decreased motor skills. A large screen television with closed caption capability was acquired for the Long-Term Care sitting area. On Acute Care, renovations to the shower and tub rooms were completed making the rooms wheelchair accessible. In addition, a mechanical tub was installed to address a variety of disabilities and movement disorders.
* In **2002** renovations to the facility included:
  + Repairs to the walkway/ramp leading to the main Hospital entrance to enable easier wheelchair access.
  + Installation of power assisted doors at the emergency and main entrances
  + Renovations to the emergency area included the construction of a wheelchair accessible washroom, a lower registration counter, a larger waiting room and wheelchair accessible public telephone.
* In **2003** new electric beds with variable height capabilities, handrails for assistance and accessible control were purchased for Long-Term Care residents. As well, designated handicap parking was identified at patient entrances.
* Through agreements with the Superior Greenstone Association for Community Living and the Municipality, the Hospital uses their wheelchair accessible vehicle or bus to transport Long-Term Care residents to a variety of events.
* The Public Library provides Long-Term Care with large print books and audiotapes on a regular basis.
* The employment interview process includes a question related to special requirement or need that the Hospital would have to accommodate.

**From September 2003 to August 2004**

Rehabilitation department

* Area is completely wheelchair accessible, adjustable high-low treatment and assessment beds are available, appropriate grab bars are in place, and there is access to appropriate treatment chairs to assists people with disabilities.
* Staff educate clients, family members, employees and the public about barriers (provide both material and human resources for assistance).
* Occupational therapist assesses community homes for barriers and provides access to Assistive Devices Program.

Long-Term Care

* Two new Arjo tubs and chair with scale improved access to bathing and weighing residents.
* Increased use of the Psychogeriatric Resource Consultant to help with communication and dementias
* Anishnabe Resource Worker is available to help with communication and cultural needs of First Nations.
* External access from the dining room has been improved by creating a slope (ramp) which has decreased the height of the step.

In-services/education sessions offered to staff

* Virtual dementia tours
* Depression/Dementia/Delirium and the elderly
* Mental illness and the road to recovery
* How do we age?
* Meeting the needs of people with disabilities
* Older adult seating group
* Understanding Alzheimer

**From September 2004 to September 2006**

Rehabilitation department

* Two extra wide wheel chairs were acquired to porter larger patients.
* Renovation in department: removed walls to increase space and to relocate noisy equipment (treadmill, bicycle) away from the assessment area.

Imaging Department

* New x-ray table that lowers to accommodate patients with limited mobility; this table is also accessible from both sides.
* Bars on the x-ray unit for patients to hold on to when having x-ray while standing.
* More space in main x-ray room for easier access.
* Renovation to the change room now accommodates patient in wheelchair.

Laboratory

* Renovated outpatient collection room, now accommodates patients in wheelchair.
* New phlebotomy chair has better arm support, is wider and height adjustable.
* New stretcher for ECG is height adjustable.

Nursing: Long-Term Care & Acute Care

* New lifts obtained to transfer patients, including 2 bariatric lifts (1 on AC & 1 on LTC).
* Automatic doors in hallway between LTC & AC activated by swipe card system.
* Pocket talker available for use by hearing impaired patient/resident when appropriate.
* LTC table height was adjusted to improve accessibility of residents.

Nutrition/Diabetes offices

* New scale has a handrail for stability and accommodates higher weight.

Food Services

* Renovation to cafeteria includes a wider entrance, which accommodates wheelchairs.

Grounds

* Landscaping of parking lot in front of emergency entrance to avoid accumulation of water, snow and ice.
* Handrails installed on both sides of main entrance.

Northern Horizon Health Centre

* Automatic door opener at main entrance.
* Wheelchair ramp with handrails was constructed at the main entrance; relocation of automatic door opener.
* Landscaping of parking lot in front of the main entrance and installation of guardrail.

**From September 2006 to September 2009**

Northern Horizon Health Centre

* Improved lighting outside Centre.
* Paving of parking lot.
* Identification of restricted parking space.
* Signage outside the building.
* Foot stool with handrail available to help patients get on exam tables.

Hospital

* Signage in the form of color coded maps.
* ER public bathroom soap dispenser relocated.

Long-Term Care

* Gazebo and secure area available for residents.
* Ramp to access gazebo area.

Rehabilitation Department

* High/low assessment beds available.
* Bathroom soap dispenser relocated.

Imaging Department

* Storage unit obtained; improved access in ultrasound room.

Laboratory

* Call bell installed in collection room and bathroom.
* Bathroom soap dispenser relocated.

Receiving

* Exterior receiving hoist installed.

Nakina Clinic

* Power automated door installed.

**From September 2009 to September 2010**

Administrative

* Accessibility policy (AD-A6) and Accessibility-Customer Service policy (AD-A7) developed and implemented. Distributed to all staff in December 2009.
* All accessibility information/resources are posted in the Accessibility folder on the common drive and on the hospital page on the community portal.

Education

* Education provided to all staff during the mandatory education session in May 2010.
* On line accessibility course offered to all staff.
* Telephone service information for hearing impaired included in the customer service policy.

ER

* Garbage container relocated to improve access to automatic door opener button.

LTC

* Sit to stand lift (SARA) purchased and available on the unit.
* New call bell with paging system installed. Easier to use for all residents.

Hospital wide

* Handrails installed in all hallways.
* Visual warning strips installed on the first & last steps of public stairwells.
* Elevator’s closing time adjusted to allow enough time to enter before door closes.

**From September 2010 to September 2011**

NHHC

* Wheelchair available at the main entrance
* Soap dispensers at appropriate locations

Hospital

New signage put up at key locations in the hospital

* Soap dispensers relocated to appropriate locations
* Designated a second handicap parking in the visitors’ parking

ER

* Stool with handrail purchased and available in department
* Bariatric stretcher purchased and available in department

**From September 2011 to September 2012**

Hospital

* Main entrance curb was lowered under the canopy
* Parking lot re-graded; drain cover leveled with ground
* Public washrooms paper dispensers relocated
* Public washrooms mirrors angled

Rehabilitation department

* Wider door installed at the main entrance
* Bariatric high bench available in department

**From September 2012 to September 2013**

Laboratory and Administration

* Raise toilet installed in washroom

LTC

* 2 overhead lifts purchased and installed
* 6 hygienic slings purchased
* New dining room tables are height adjustable
* 1 bariatric and 4 raised toilet seats purchased
* Overhead lifts accommodate scale to weigh clients

Hospital

* Integrated Accessibility Policy developed
* IASR training provided to staff
* Lever type handle installed on the administration and public bathroom doors
* Swipe card access were installed in admin and health records
* Storage containers obtained to provide easier access in the admin storage room
* Digital information screen installed at the main entrance

Telemedicine

* French speaking staff available for francophone clients
* Safety policy in place for mental health clients

Dietitian’s Office

* Bariatric chair purchased and available

Acute Care

* Handrails installed in the tub room
* 1 bariatric and 4 regular raised toilet seats purchased
* 2 bariatric wheelchairs purchased

Imaging

* Wider wheelchair purchased for department

ER

* 1 bariatric wheelchair purchased

**From September 2013 to September 2014**

Nursing

* 2 bariatric wheelchair purchased
* 1 bariatric trauma stretcher purchased
* 1 Bariatric commode purchased
* Handrail installed in acute care shower room
* 4 over bed lifts/slings purchased
* Senior friendly policy and initiative implemented
* Raised toilet seat purchased and available
* Removed heaters in LTC residents’ washrooms to improve access

Telemedicine

* Head phone for hearing impaired available
* Colored foot print installed on floor to indicate direction to department

Organization

* Web page meets WCAG 2.0 Level A requirements
* Some door handles were changed to lever type
* 2 raised toilets installed (public washroom, admin)
* 2 raised toilets installed at NHHC

**From September 2014 to September 2015**

Nursing

* 2 over bed lifts/slings purchased
* New fridge in LTC
* Reclining wheelchair purchased
* White boards installed in all patient/resident rooms

Organization

* 8 door handles were changed to lever type
* 2 raised toilets installed (CEO and AC staff washroom)
* Foot prints indicating direction from ER to lab/rehab/admin and from elevator to telemedicine were installed
* One set of chairs in the ER waiting room was raised

Laboratory

* Self-closure on bathroom door was removed making it easier to open/close

**From September 2015 to September 2016**

Nursing

* 2 over bed lifts/slings purchased and installed in LTC
* Transfer pole installed in the large tub room to facilitate transfer for one resident however after a trial period it was found to be a barrier for other residents and a decision was made to remove the pole
* Grab bars installed in the large tub room on LTC

Organization

* 4 door handles were changed to lever type (lab main door, imaging bathroom, public washrooms upstairs)
* Raised toilet installed in rehabilitation washroom
* Foot prints indicating direction from ER to lab/rehab/admin and from elevator to telemedicine were installed
* One set of chairs in the ER waiting room was raised
* New caution signs (sidewalks and entrances may be slippery due to ice and snow) installed at the entrances
* Two swipe card access installed (staff door exit and physician door across from imaging)
* Change table installed in public washrooms on upper level

Laboratory

* Delayed closure on main lab door was installed allows the door to stay open longer**APPENDIX B – List of barriers removed**

|  |  |  |
| --- | --- | --- |
| **Description of Barrier** | **Strategy for prevention/removal** | **Status** |
| No handrails along walkways at the main entrance. **2003/04** | Install handrails on both walkways leading to the main entrance. | Completed 2004 |
| Northern Horizon Health Centre power operated button is located too far from the doors. **2003/04** | Relocate button. | Completed 2006 |
| Soap dispensers in the emergency, laboratory and rehabilitation washrooms are difficult to access. **2003/04** | Relocate soap dispensers. | Completed 2007 |
| Difficult to get up on stretchers. **2003/04** | Evaluate options or products available to facilitate this issue. Purchased stool with handrail. | Completed 2004 |
| The laboratory collection and ECG rooms are not wheelchair accessible. **2003/04** | Consider in future renovation. Lab staff perform test in the emergency area as required. | Completed 2006 |
| Imaging cubicles and washroom are not wheelchair accessible. **2003/04** | Change area was renovated and is wheelchair accessible. | Completed 2006 |
| No signage at main entrance to indicate location of departments. **2003/04** | Install signage indicating the location of departments. | Completed 2008 |
| No text phone service available for hearing impairments. **2003/04** | Information to access Bell Relay service included in customer service policy (AD-A7). | Completed May 2010 |
| No disability policy in place. **2003/04** | Develop policies addressing disability issues. | Completed 2009 |
| Limited access to tubs and weight scale on LTC. **2004/05** | Obtain new tubs with weighing capability. | Completed 2005 |
| Difficult to use external access through LTC dining room. **2004/05** | Create a slope (ramp) to decrease the step. | Completed 2005 |
| No wheelchair for larger patients. **2004/05** | Request during budgeting process. | Completed 2006 |
| Need for a high-low bed for assessment area in rehabilitation department. **2004/05** | Request during the budget process. | Completed 2004 |
| No access to secure outdoor area for LTC residents. **2006/08** | To be considered in future renovation. | Completed 2008 |
| Limited access in ultrasound room caused by inadequate storage. **2006/08** | Request appropriate storage through the budgeting process. | Completed 2007 |
| No call bell in the laboratory washroom. **2006/08** | To be considered in future renovation. | Completed 2007 |
| Lack of handrail in some hallways (ER halls, OBS hall on AC, finance/Telemedicine hall). **2004/05** | To be considered in future renovation. | Completed September 2010 |
| No unloading dock at the receiving entrance. **2006/08** | Installation of exterior receiving hoist | Completed 2007 |
| **Description of Barrier** | **Strategy for prevention/removal** | **Status** |
| No power automated door at the Nakina Clinic. **2006/08** | Inform Municipality of the barrier | Completed 2008 |
| Difficult to get on exam tables at the medical clinic. **2006/08** | Obtain a foot stool with handrail | Completed 2008 |
| Wheelchair can get caught in the drain by the handicap parking space at the ER entrance. **2006/08** | Grading was done to level the area however this is a recurring issue that requires monitoring. | Completed 2006; 2008; 2012 |
| No written policy to address AODA customer service stds. **2009/10** | Develop policy and communicate to all relevant stakeholders. | Completed December 2009 |
| Garbage can by ER entrance is too close to the automatic door opener.  **2009/10** | Relocate garbage can. | Completed January 2010 |
| Lack of staff awareness of available phone services for hearing impairments. **2009/10** | Provide staff with relevant information and maintain in centralize/accessible location. | Completed May 2010 |
| No regular accessibility audits performed. **2009/10** | Develop a tool & schedule for accessibility audits. | Completed annually |
| Difficult to locate some service. Need improvement on some of the signage. **2009/10** | Review signage and make improvements. | Completed November 2011 |
| Lack of centralized resources/ information on accessibility. **2009/10** | Select a centralize location for accessibility resources/information. | Completed February 2010 |
| No bariatric equipment in the ER department. **2009/10** | Bariatric stretcher is available in ER. | Completed 2011 |
| Public stairwells do not have visual warning strips on the first & last steps. **2009/10** | Purchase and install visual warning strips on public stairwells. | Completed August 2010 |
| Main entrance cement curb is a barrier to people utilising wheelchairs/walkers/etc. **2010/11** | Remove the barrier by lowering part of the curb at the end of the walkway to allow easier access. | Completed August 2011 |
| Not enough designated handicap parking in the visitors’ parking lot. **2010/11** | Designate another handicap parking space. | Completed September 2011 |
| Soap dispensers in the washrooms at the NHHC are too high. **2010/11** | Relocate soap dispensers. | Completed November 2010 |
| Difficult for some patients to get up on the stretchers in ER. **2010/11** | Purchase a stool with handrail for the emergency department. | Completed September 2011 |
| Soap dispensers in the men’s public washroom (upstairs) are too high. **2010/11** | Relocate soap dispensers. | Completed September 2010 |
| Cement garbage container is located too close to the automatic door opener button. **2011/12** | Relocate container. | Completed October 2011 |
| Public washrooms on the main floor do not have angled mirrors. **2011/12** | Angle mirrors. | Completed October 2011 |
| Paper dispensers in the public washrooms are too high. **2011/12** | Relocate or change paper dispensers. | Completed October 2011 |
| **Description of Barrier** | **Strategy for prevention/removal** | **Status** |
| Curb cut out at the main entrance is not under the canopy. **2011/12** | Lower an area of the curb under the canopy. | Completed October 2011 |
| Lack of bariatric chairs in the dietitian’s office. **2012/13** | Request through capital budget. | Completed February 2013 |
| No written policy to address Integrated Accessibility Regulations. **2012/13** | Develop and distribute policy. Provide training in November 2013. | Completed December 2012 |
| Lack of raised toilet seats in the hospital. **2012/13** | Change toilet height in future renovation or purchase raised toilet seats. 8 raised toilet seats purchased for AC care and LTC | Completed 2013 |
| Lack of bariatric equipment (raised toilet seats) in the Hospital. **2010/11** | Request bariatric equipment through budget process. 2 bariatric raised toilet seat purchased. | Completed 2013 |
| Web page is not accessible-friendly. **2009/10** | Explore options to improve accessibility of website. | Completed November 2013 |
| Lack of bariatric equipment (commode) in the Hospital. **2010/11** | Request bariatric commode through budget process. | Completed July 2014 |
| No bariatric commodes in LTC or AC. **2012/13** | Request through budget process. | Completed August 2014 |
| Lack of large wheelchairs. **2012/13** | Complete inventory of wheelchair and request through budget process. | Completed August 2014 |
| Lack of resources for telemedicine clients with impaired hearing. **2013/14** | Consider obtaining a head set or other resources. | Completed August 2014 |
| Lack of signage from the main entrance to the telemedicine studio. **2013/14** | Foot prints to show the direction are being ordered to trial. | Completed July 2014 |
| Lack of handrail on the wall in the shower room on acute care. **2013/14** | Install handrail. | Completed July 2014 |
| Heater location makes it difficult for residents in a wheelchair to access washroom. **2010/11** | To be considered in future renovation.  Heaters were removed. | Completed Sept. 2014 |
| Main lab door and washroom are difficult to manage for clients in wheelchair. **2006/08** | Automatic self-closure on washroom door was disengaged. | Completed June 2015 |
| No regular accessibility audits performed. **2009/10** | Develop a tool & schedule for accessibility audits. | Completed annually by OT |
| Lack of signage in ER to indicate department location and elevator. Maps are too difficult to read.**2012/13** | Foot prints indicating directions from ER to lab/rehab/admin and from elevator to telemedicine were installed. | Fall 2014/Spring 2015 |
| ER chairs in waiting room are too low. **2014/15** | Consider elevating or purchasing some higher chairs. One set of chairs in ER have been raised. | Completed fall 2014 |
| Potential communication issues between patient/resident, family and healthcare providers. **2014/15** | Purchase and install white boards for every patient/resident. | Completed Summer 2015 |
| **Description of Barrier** | **Strategy for prevention/removal** | **Status** |
| Lack of change table in public washroom on upper floor. 2014/15 | Consider purchasing and installing change table if feasible. | Completed  2016 |
| LTC washroom pocket door do not fully open which decreases the doorway space. **2012/13** | Consider in future renovation. | Addressed |
| Lack of change table in public washroom on upper floor. **2014/15** | Consider purchasing and installing change table if feasible. | Completed  2016 |